

what we will do, we will set the wage; we will set the benefit package. This is the Federal Government. We will set the training, we will supervise the training, we will do the background checks and we will supervise the workers, but they will not be Federal employees.

What sense does that make? If we are going to do all that, why not make them into Federal law enforcement personnel, just like we have right out here at the doors of the capitol. We do not have private security out there because I do not think most Members of Congress would feel safe. We have armed Federal law enforcement agents.

Should we do any less for the traveling American public when it comes to aviation safety? Should they go into the airports and have these companies that have committed felonies and perpetuated in those crimes or should they have a Federal law enforcement workforce, just like when they confront the Immigration and Naturalization Service, the Customs Service. The Department of Agriculture checks bags in Hawaii and at other times people coming into the United States. They are all sworn Federal law enforcement officers, but somehow they are telling us either we cannot afford that.

I mean one very candid member of the Republican leadership said these people could join unions if they become Federal employees. Well, guess what? They can join unions if they are private employees. In fact, this legislation is being opposed by a private union because they have unionized some of these folks. They can be unionized one way or another.

There is another concern I have about that. Most of the people who were working and died, other than those innocently at work, on the day of this tragedy, the firefighters, the medics, the police, the pilots and the flight attendants, they were all members of unions. What is wrong with unions?

The SPEAKER pro tempore (Mr. PUTNAM). Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Georgia (Ms. MCKINNEY) is recognized for 5 minutes.

(Ms. MCKINNEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

DOMESTIC VIOLENCE AWARENESS MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. Mr. Speaker, today marks the last day, this last day

of October, as the last day of the month for national domestic violence awareness. Though society has made great strides in bringing attention to the crime of domestic violence, over 4 million individuals of this country continue to find themselves victims of physical, psychological and sexual abuse. While our Nation's attention is currently occupied by security threats both here and abroad, domestic violence is an issue that this country must continue to address.

Domestic violence rarely makes the headlines, primarily because most of the abuse occurs behind closed doors. In most instances, the victim knows the attacker. Over 50 percent of the victims are battered by a boy or girlfriend. Over 30 percent are assaulted by spouses, and around 15 percent are attacked by ex-spouses. Many victims are reluctant to report these incidents to anyone because of fear of reprisal.

There are many theories to explain why individuals use violence against their partners. Some explanations include dysfunctional families, inadequate communication skills, stress, chemical dependency and economic hardship. Though these issues may be associated with battering, they are not the causes, and merely removing these factors will not end domestic violence.

Batterers begin and continue to have abusive behavior because violence is an effective method of gaining and keeping control over another person. The abuser usually does not suffer adverse consequences as a result of this behavior.

Historically, violence against women has not been treated as a real crime but rather a private matter between domestic partners. The consequences for domestic violence are often less severe than the penalties for other criminal forms of abuse.

Society tends to misplace the blame for continued abuse, focusing on the victim and criticizing him or her for not leaving the abuser. In many cases women simply do not have physical or financial resources to get out of the relationship. Risks of retaliatory abuse and injury are also factors in staying.

Every year, domestic violence results in approximately 100,000 days of hospitalization and over 28,000 visits to emergency rooms. In these cases, major medical treatment is often required.

Fear of death is another consideration. The possibility of being murdered by an abuser increases to 75 percent if the woman attempts to leave on her own.

For these reasons, outside support networks and services are vital. Yet these resources are often limited.

The lack of resources and shelters are a particular problem in rural areas. In my 66-county district, there are only nine domestic violence and sexual assault shelters. For many women in central and western Kansas, the distance to the closest shelter may be hundreds

of miles away. In Kansas, one domestic violence murder occurs 55 minutes and 48 seconds. Proximity to a safe facility can mean the difference between life and death. Ensuring safe havens for women who leave abusive environments is a priority.

Most domestic violence centers rely primarily on grants and local donations. Federal grants made under the Violence Against Women Act provided essential funds for shelter operation and support service. That program has been credited with substantially reducing the levels of violence committed against women and children. We must continue to ensure that our shelters and crisis centers receive adequate funding.

As National Domestic Violence Awareness Month draws to a close, we are reminded that domestic violence is an issue that must be addressed all year long. Only through funding, education and support can America hope to end this terrible crime.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

(Ms. ROS-LEHTINEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

ANTIBIOTIC RESISTANCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, antibiotic resistance is a major health threat that does not receive the attention it deserves. When bioterrorism is a prevailing concern, we can no longer afford to ignore or downplay the threat of antibiotic resistance.

Introduced in the 1940s, antibiotics gave us a tremendous advantage in our fight against tuberculosis, pneumonia, typhoid, cholera and salmonella and many other long-term killers, but some bacteria exposed to antibiotics are able to survive. These antibiotic-resistant strains then flourish and pose a dangerous threat to public health.

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We in Congress cannot go home to our districts and say we have taken the steps necessary to prepare for future bioterrorist attacks unless and until we confront the issue of antibiotic resistance.

The links between resistance and bioterrorism are clear. Antibiotic-resistant strains of anthrax and other microbes are recognized to be some of the most lethal forms of biological weapons. These weapons exist today. We know, first, that Russian scientists have developed a strain of anthrax that is resistant to penicillin and tetracycline. We can only assume that anthrax and other lethal agents will be engineered to resist newer antibiotics like Cipro.

Overuse of antibiotics, misuse of antibiotics will render more microbes resistant to our current stockpile of drugs, potentially leaving the Nation poorly prepared in the event of bioterrorist attacks. As we have seen with the recent anthrax attacks, the broad-scale use of antibiotics associated with bioterrorism compounds the resistance problems, which in turn can render our existing antibiotics ineffective against future attacks. It is an alarming cycle.

To adequately prepare for a bioterrorist attack, surveillance capabilities at the State and local levels are crucial. State and local health departments must be equipped to rapidly identify and respond to antibiotic-resistant strains of anthrax and other lethal agents. To protect our antibiotic stockpile, we must be able to isolate emerging antibiotic-resistant microbes, monitor the ongoing effectiveness of existing antibiotics, and carefully track and discourage overuse and misuse of current antibiotic treatments.

Surveillance also provides the data needed to prioritize the research and the development of new antibiotic treatments. Drug-resistant pathogens are a growing threat to every American. We cannot, we must not continue to treat this threat as a long-term issue and a lesser priority. It is an immediate threat, and we must deal with it now.

Under last year's Public Health Threats and Emergencies Act, sponsored by my colleague, the gentleman from North Carolina (Mr. BURR) and my friend, the gentleman from Michigan (Mr. STUPAK), Congress authorized a grant program that can equip State and local health departments to identify and to track antibiotic resistance. The gentleman from New York (Mr. BOEHLERT) and I are requesting that the Committee on Appropriations include at least \$50 million for this grant program in the Homeland Security supplemental appropriations bill, which we will take up either late this week or early next week.

I urge Members on both sides of the aisle to weigh in on this issue. Let the appropriators know that funding of antibiotic resistance is critical. We must help State and local health agencies combat antibiotic resistance. Our success against bioterrorism absolutely depends on it.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

(Mr. DAVIS of Illinois addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE AMERICAN AND GERMAN NAVIES MEET

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

Mr. GUTKNECHT. Mr. Speaker, I will attempt to read from an e-mail which was sent from a young ensign aboard the U.S.S. *Winston Churchill* to his parents. The *Churchill* is an *Arleigh Burke*-class AEGIS guided-missile destroyer, commissioned March 10, 2001, and is the only active U.S. Navy warship named after a foreign national.

I read: "Dear Dad: We are still at sea. The remainder of our port visits have all been canceled. We have spent every day since the attacks going back and forth within imaginary boxes drawn in the ocean, standing high-security watches and trying to make the best of it. We have seen the articles and the photographs, and they are sickening. Being isolated, I do not think we appreciate the full scope of what is happening back home, but we are definitely feeling the effects.

"About 2 hours ago, we were hailed by a German Navy destroyer, *Lutjens*, requesting permission to pass close by our port side. Strange, since we were in the middle of an empty ocean, but the captain acquiesced and we prepared to render them honors from our bridge wing. As they were making their approach, our conning officer used binoculars and announced that the *Lutjens* was flying not the German but the American flag. As she came alongside us, we saw the American flag flying at half mast and her entire crew topside standing at silent, rigid attention in their dress uniforms.

"They had made a sign that was displayed on her side that read 'We Stand by You.' There was not a dry eye on the bridge as we stayed alongside for a few minutes and saluted. It was the most powerful thing I have seen in my life. The German Navy did an incredible thing for this crew, and it has truly been the highest point in the days since the attacks. It is amazing to think that only a half-century ago things were quite different.

"After *Lutjens* pulled away, the officer of the deck, who had been planning to get out later this year, turned to me and said, 'I'm staying Navy.'"

Mr. Speaker, to our German friends we can only say, *danke schoen*. To our countrymen and colleagues I say, be of strong heart, we are not alone. We will prevail.

Mr. Speaker, before I yield back, a number of colleagues have asked if they could get copies of this e-mail as well as photos of the Navy destroyer *Lutjens*. They can get that by simply going to my Web address at gil.house.gov.

PEDIATRIC EXCLUSIVITY BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. STUPAK) is recognized for 5 minutes.

Mr. STUPAK. Mr. Speaker, I rise today to speak on a bill that will be coming to the floor soon. H.R. 2887 is commonly called the pediatric exclusivity bill. This was a good bill. It was

passed and implemented back in 1997. It had a 5-year sunset, so it is necessary for Congress to reauthorize the pediatric exclusivity bill.

Pediatric exclusivity simply says this: If a drug company that currently has a drug on the market will do an exclusive study for young people, those 18 or under, we will grant to them a patent extension for 6 years.

It is amazing, but as drug companies put forth drugs, they were not required to see what the effect would be on young people. Thus, we created the pediatric exclusivity bill to make sure an opportunity was provided to have studies done to make sure the proper dosage, the amount and the type of drug, would be beneficial to young people, those under 18 years of age. Just for agreeing to do a study that the FDA wants for young people, a drug company can get its patent extended. That is of great benefit to the drug company, of course, because they hold the patent and make money off the drug, and this bill is now due to be reauthorized.

As we move through this bill in our Subcommittee on Health of the Committee on Energy and Commerce, there are a number of improvements we would like to see made with the bill. While there have been a number of improvements made already, there is still one part of the bill that troubles me, and hopefully, I will be able to offer an amendment to correct this inequity in the bill. What my amendment would say is that if we provide a pediatric exclusivity, before that patent extension is provided, the drug company must make the necessary label changes on a product that has been studied.

In fact, I would like to quote the FDA's report to the Congress dated January of this year. It says, and I quote, "The ultimate goal of encouraging pediatric studies is to provide needed dosing and safety information to the physicians in product labeling." To paraphrase, and I want to emphasize, "The goal of pediatric exclusivity is the labeling." It is the labeling where we find out how much to give, the safety information, and who should be given it. That is why I must offer my amendment when this bill comes to the floor. My amendment would tie the grant of exclusivity to the necessary labeling changes.

There have been 33 drugs approved for pediatric exclusivity, but only 20 of them have made the needed changes on the label. How would a doctor, a parent, or a patient who is under 18 know what is the right dosage or if this drug is safe for them without this information? Currently, the exclusivity period is given only for conducting studies. For the safety of our children, for our health care system, this must and should be changed.

Take, for example, one of the drugs that has been granted pediatric exclusivity, Eli Lilly's drug Prozac. The benefit to the public, specifically parents, patients and pediatricians, is zero, because the manufacturer has yet to